B1 (Official F@ 16:49:52 Desc Main United States Bankruptum Centre Page 1 of 21 **Voluntary Petition** Northern District of Illinois **Eastern Division** Name of Debtor (if individual, enter Last, First, Middle): Name of Joint Debtor (Spouse) (Last, First, Middle): McNeal, Elaine, McNeal, Mark. All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names): All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): Last four digits of Soc. Sec. or Indvidual-Taxpayer I.D. (ITIN) No./Complete EIN(if more Last four digits of Soc. Sec. or Indvidual-Taxpayer I.D. (ITIN) No./Complete EIN(if more than one, state all): 2984 than one, state all): 1855 Street Address of Joint Debtor (No. & Street, City, and State): Street Address of Debtor (No. & Street, City, and State): 13819 South Edbrooke 13819 South Edbrooke Riverdale, IL Riverdale, IL ZIP CODE ZIP CODE 60827 60827 County of Residence or of the Principal Place of Business: County of Residence or of the Principal Place of Business Cook Cook Mailing Address of Debtor (if different from street address): Mailing Address of Joint Debtor (if different from street address): ZIP CODE ZIP CODE Location of Principal Assets of Business Debtor (if different from street address above): ZIP CODE Type of Debtor Nature of Business Chapter of Bankruptcy Code Under Which (Form of Organization) (Check one box) the Petition is Filed (Check one box) (Check one box.) ■ Health Care Business ☐ Chapter 15 Petition for **√** Chapter 7 ☐ Single Asset Real Estate as defined in 11 Individual (includes Joint Debtors) Recognition of a Foreign Chapter 9 U.S.C. § 101(51B) See Exhibit D on page 2 of this form. Main Proceeding Chapter 11 Railroad Corporation (includes LLC and LLP) ☐ Chapter 15 Petition for Stockbroker Partnership Chapter 12 Recognition of a Foreign ☐ Commodity Broker Other (If debtor is not one of the above entities. Nonmain Proceeding Chapter 13 Clearing Bank check this box and state type of entity below.) **Nature of Debts** Other (Check one box) Tax-Exempt Entity Debts are primarily consumer Debts are primarily (Check box, if applicable) debts, defined in 11 U.S.C. business debts. § 101(8) as "incurred by an Debtor is a tax-exempt organization individual primarily for a under Title 26 of the United States personal, family, or house-Code (the Internal Revenue Code.) hold purpose. Chapter 11 Debtors Filing Fee (Check one box) Check one box: ✓ Full Filing Fee attached ☐ Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is Check if: unable to pay fee except in installments. Rule 1006(b) See Official Form 3A. Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,190,000. Filing Fee waiver requested (applicable to chapter 7 individuals only). Must Check all applicable boxes attach signed application for the court's consideration. See Official Form 3B. A plan is being filed with this petition Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b). THIS SPACE IS FOR Statistical/Administrative Information COURT USE ONLY ☐ Debtor estimates that funds will be available for distribution to unsecured creditors. Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors. Estimated Number of Creditors 100-200-50-1,000-5,001-10,001-25,001-50,001-Over 99 199 10 000 100 000 100 000 5 000 25,000 50,000 Estimated Assets \$0 to \$50,001 to \$50,000,001 \$100,000,001 \$100,001 to \$500,001 to \$1,000,001 \$10,000,001 \$500,000,001 More than \$1 \$50,000 \$100,000 to \$100 to \$500 \$500,000 \$1 to \$10 to \$50 to \$1 billion billion million million million million million Estimated Liabilities \Box \Box \$500,001 to \$1,000,001 \$100,000,001 \$10,000,001 \$50,000,001 \$50,001 to \$100,001 to \$500,000,001 More than \$1 \$1 to \$10 to \$50 to \$100 to \$500 \$50,000 \$100,000 \$500,000 billion to \$1 billion million million million million million

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Voluntary Petition Document	Nanage 2 of s 21								
(This page must be completed and filed in every case)	Mark McNeal, Elaine McNeal								
All Prior Bankruptcy Cases Filed Within La	${f st~8~Years}$ (If more than two, attach additional sheet.)								
Location Where Filed: NONE	Case Number:	Date Filed:							
Location Where Filed:	Case Number:	Date Filed:							
	Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet)								
Name of Debtor: NONE	Case Number:	Date Filed:							
District:	Relationship:	Judge:							
Exhibit A (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)	Exhibit B (To be completed if debtor is a whose debts are primarily con I, the attorney for the petitioner named in the foregoin have informed the petitioner that [he or she] may prosen 12, or 13 of title 11, United States Code, and have eavailable under each such chapter. I further certify the	sumer debts) ng petition, declare that I ceed under chapter 7, 11, xplained the relief							
debtor the notice required by 11 U.S.C. § 342(b). X Not Applicable Signature of Attorney for Debtor(s) Date									
Ext	l nibit C								
Does the debtor own or have possession of any property that poses or is alleged to pose a Yes, and Exhibit C is attached and made a part of this petition. No	threat of imminent and identifiable harm to public healt	th or safety?							
Exh	ibit D								
(To be completed by every individual debtor. If a joint petition is filed, each spouse must	complete and attach a separate Exhibit D.)								
Exhibit D completed and signed by the debtor is attached and made a part of the	nis petition.								
If this is a joint petition:									
	ding the Debtor - Venue								
	applicable box) of business, or principal assets in this District for 180 da	ave immediately							
Debtor has been domiciled or has had a residence, principal place of preceding the date of this petition or for a longer part of such 180 of	lays than in any other District.	tys mineciatery							
There is a bankruptcy case concerning debtor's affiliate. general pa	artner, or partnership pending in this District.								
Debtor is a debtor in a foreign proceeding and has its principal place has no principal place of business or assets in the United States but this District, or the interests of the parties will be served in regard to	is a defendant in an action or proceeding [in a federal of								
<u>₹</u>	les as a Tenant of Residential Property oplicable boxes.)								
Landlord has a judgment against the debtor for possession of debtor	r's residence. (If box checked, complete the following).								
·	(Name of landlord that obtained judgment)								
	(Address of landlord)								
Debtor claims that under applicable nonbankruptcy law, there are centire monetary default that gave rise to the judgment for possession		ed to cure the							
Debtor has included in this petition the deposit with the court of an filing of the petition.	y rent that would become due during the 30-day period	after the							
Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(1)).									

B 1 (Official F@ அத்டு (10/98/26013 Doc 1 Filed 09/29/08	Entered 09/29/08 16:49:52 Desc Mark B1, Page 3				
Voluntary Petition Document					
(This page must be completed and filed in every case)	Mark McNeal, Elaine McNeal				
Sign	atures				
Signature(s) of Debtor(s) (Individual/Joint)	Signature of a Foreign Representative				
I declare under penalty of perjury that the information provided in this petition is true and correct. [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. X s/ Mark McNeal Signature of Debtor Mark McNeal	I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition. (Check only one box.) I request relief in accordance with chapter 15 of Title 11, United States Code. Certified Copies of the documents required by § 1515 of title 11 are attached. Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the Chapter of title 11 specified in the petition. A certified copy of the order granting recognition of the foreign main proceeding is attached. X Not Applicable (Signature of Foreign Representative)				
X s/ Elaine McNeal					
Signature of Joint Debtor Elaine McNeal Telephone Number (If not represented by attorney)	(Printed Name of Foreign Representative)				
9/29/2008	Date				
Date					
Signature of Attorney X	Signature of Non-Attorney Petition Preparer				
Signature of Attorney for Debtor(s) Bar No. Printed Name of Attorney for Debtor(s) / Bar No. Bernard W. Moltz & Associates Firm Name 77 West Washington Street Suite 2110 Address Chicago, IL 60602 312-332-0335 Telephone Number 9/29/2008 Date *In a case in which \$ 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.	I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached. Not Applicable Printed Name and title, if any, of Bankruptcy Petition Preparer Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social-Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.) Address V. Not Applicable				
Signature of Debtor (Corporation/Partnership)	X Not Applicable				
I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor. The debtor requests the relief in accordance with the chapter of title 11, United States Code, specified in this petition. X Not Applicable Signature of Authorized Individual Printed Name of Authorized Individual Title of Authorized Individual Date	Date Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social-Security number is provided above. Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual. If more than one person prepared this document, attach to the appropriate official form for each person. A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.				

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B6A (Official Form 6A) (12/07)

In re:	Mark McNeal	Elaine McNeal		Case No.	
			Debtors	- ,	(If known)

SCHEDULE A - REAL PROPERTY

Residence 13819 S. Edbrooke Riverdale, IL 60827	Fee Owner	J	\$ 130,000.00 \$ 130,000.00	\$ 151,400.00
DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM

(Report also on Summary of Schedules.)

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B6B (Official Form 6B) (12/07)

In re	Mark McNeal	Elaine McNeal		Case No.	
			Debtors	<u>-</u> ,	(If known)

SCHEDULE B - PERSONAL PROPERTY

TYPE OF PROPERTY	NONE	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITH- OUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand		Cash on hand		50.00
Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		Checking account		0.00
Security deposits with public utilities, telephone companies, landlords, and others.	х			
Household goods and furnishings, including audio, video, and computer equipment.		Ordinary household furnishings		750.00
 Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles. 	Х			
6. Wearing apparel.		Ordinary wearing apparel		300.00
7. Furs and jewelry.	Х			
Firearms and sports, photographic, and other hobby equipment.	X			
Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issuer.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	X			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			
Government and corporate bonds and other negotiable and nonnegotiable instruments.	Х			
16. Accounts receivable.	Х			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	Х			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	Х			
more particulars.				

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B6B (Official Form 6B) (12/07) -- Cont.

n re	Mark McNeal	Elaine McNeal		Case No.	
			Debtors	,	(If known)

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

TYPE OF PROPERTY	NONE	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITH- OUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	Х			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	Х			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		2005 Suzuki XLT		10,000.00
26. Boats, motors, and accessories.	Х			
27. Aircraft and accessories.	Х			
28. Office equipment, furnishings, and supplies.	Х			
29. Machinery, fixtures, equipment and supplies used in business.	X			
30. Inventory.	Х			
31. Animals.	Х			
32. Crops - growing or harvested. Give particulars.	Х			
33. Farming equipment and implements.	Х			
34. Farm supplies, chemicals, and feed.	Х			
35. Other personal property of any kind not already listed. Itemize.	X			
	_	1 continuation sheets attached Tot	al >	\$ 11,100.00

(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules.)

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B6C (Official Form 6C) (12/07)

In re	Mark McNeal	Elaine McNeal		Case No.	
			Debtors	,	(If known)

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:	☐ Check if debtor claims a homestead exemption that exceeds
(Check one box)	\$136,875

☐ 11 U.S.C. § 522(b)(2) ☐ 11 U.S.C. § 522(b)(3)

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTION
2005 Suzuki XLT	735 ILCS 5/12-1001(c)	2,400.00	10,000.00
Cash on hand	735 ILCS 5/12-1001(b)	50.00	50.00
Ordinary household furnishings	735 ILCS 5/12-1001(b)	750.00	750.00
Ordinary wearing apparel	735 ILCS 5/12-1001(a),(e)	300.00	300.00
Residence 13819 S. Edbrooke Riverdale, IL 60827	735 ILCS 5/12-901	30,000.00	130,000.00

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B6D (Official Form 6D) (12/07)

In re	Mark McNeal	Elaine McNeal		,	Case No.	
			Debtors			(If known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See Instructions, Above.)	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
IndyMac P.O. Box 78826 Phoenix, AZ		J	First Lien on Residence Residence 13819 S. Edbrooke Riverdale, IL 60827 VALUE \$130,000.00				151,400.00	21,400.00
ACCOUNT NO. 502-3759323410-9001 Wells Fargo Auto Finance P.O. Box 29704 Phoenix, AZ 85038-9704			Security Agreement 2005 Suzuki XLT VALUE \$10,000.00				16,000.00	6,000.00

continuation sheets attached

Subtotal → (Total of this page)

Total > (Use only on last page)

\$ 167,400.00	\$ 27,400.00	
\$ 167,400.00	\$ 27,400.00	

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Document

Debtors

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B6E (Official Form 6E) (12/07)

In re

Mark McNeal Elaine McNeal

Case No.

(If known)

or

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

¥	Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.
TYI	PES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets.)
	Domestic Support Obligations
	Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or onsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in J.S.C. § 507(a)(1).
	Extensions of credit in an involuntary case
app	Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the pointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).
	Wages, salaries, and commissions
	Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying pendent sales representatives up to \$10,950* per person earned within 180 days immediately preceding the filing of the original petition, or the sation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).
	Contributions to employee benefit plans
cess	Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the sation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).
	Certain farmers and fishermen
	Claims of certain farmers and fishermen, up to \$5,400* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).
	Deposits by individuals
that	Claims of individuals up to \$2,425* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, were not delivered or provided. 11 U.S.C. § 507(a)(7).
	Taxes and Certain Other Debts Owed to Governmental Units
	Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).
	Commitments to Maintain the Capital of an Insured Depository Institution
	Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of ernors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. 17 (a)(9).
	Claims for Death or Personal Injury While Debtor Was Intoxicated
anot	Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, her substance. 11 U.S.C. § 507(a)(10).
adiu	* Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of

1 continuation sheets attached

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B6E (Official Form 6E) (12/07) - Cont.

In re	Mark McNeal	Elaine McNeal		Case No.	
	mark mortoar	Liamo mortoa	Debtors	- ,	(If known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
ACCOUNT NO.									

Sheet no. $\underline{1}$ of $\underline{1}$ continuation sheets attached to Schedule of Creditors Holding Priority Claims

Subtotals ➤ (Totals of this page)

Total >
(Use only on last page of the completed
Schedule E. Report also on the Summary of

Schedule E. Report also on the Summary of Schedules.)

Total

(Use only on last page of the completed Schedule E. If applicable, report also on the Statistical Summary of Certain Liabilities and Related Data.)

0.00	\$ 0.00	\$	0.00
0.00			
	\$ 0.00	\$	0.00
	0.00	0.00	0.00

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In re	Mark McNeal	Elaine McNeal		Case No.
			Debtere	(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 708-201-0308-002-7							91.00
AT&T P.O. Box 930170 Dallas, TX 75393-0170			Phone Services				
ACCOUNT NO. 113891352							135.96
Brinks Home Security P.O. Box 152235 Irving, TX 75015-2235		l	Security services				
ACCOUNT NO. 4862-3625-5132-3754							392.00
Capital One PO Box 30285 Salt Lake City, UT 84130-0289			Credit card				
ACCOUNT NO.							13,324.34
Citifinancial P.O. Box 6931 The Lakes, NV 88901-6931			Personal loan				
ACCOUNT NO. 67130053-0150965							8,905.00
Citifinancial P.O. Box 6931 The Lakes, NV 88901-6931			Personal loan				

3 Continuation sheets attached

Subtotal > \$ 22,848.30

Total > (Use only on last page of the completed Schedule F.)

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

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B6F (Official Form 6F) (12/07) - Cont.

In re	Mark McNeal	Elaine McNeal		Case No.	
			Debtors		(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

			(Continuation Sheet)				
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.							341.00
City of Chicago - Ambulance c/o VMC & Associates, Inc. 33589 Treasury Center Chicago, IL 60694			Ambulance services				
ACCOUNT NO. 8798 40 160 0296650							304.69
Comcast P.O. Box 3022 Southeastern, PA 19398-3002		L	Cable services				
ACCOUNT NO. 9858742014							263.51
ComEd Bill Payment Center Chicago, IL			Electric service				
ACCOUNT NO. 4447 9621 2172 4391							482.27
Credit One Bank P.O. Box 60500 City of Industry, CA 91716-0500		Credit card					
ACCOUNT NO. 7809			2				1,116.60
Discover P.O. Box 30395 Salt lake City, UT 84130-0395			Credit card				

Sheet no. $\underline{1}$ of $\underline{3}$ continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal > \$ 2,508.07

(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.) Case 08-26013 Entered 09/29/08 16:49:52 Desc Main Doc 1 Filed 09/29/08 Page 13 of 21 Document

B6F (Official Form 6F) (12/07) - Cont.

In re	Mark McNeal	Elaine McNeal		Case No	
			Debtors	,	(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

			(Continuation Sheet)				
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 6034 6223 2025 5548							2,824.00
GE Money P.O. Box 960061 Orlando, FL 32896-0061							
ACCOUNT NO. 036496193-A2							139.30
Masseys 128 W. River Street Chippewa Falls, WI 54729			Credit card				
ACCOUNT NO. 4120 6130 5234 2216							809.47
Merrick Bank P.O. Box 9201 Old Bethpage, NY 11804			Credit card				
ACCOUNT NO. 34475							157.00
Oak Park Cardiology 7411 W. Lake Street, Suite 2110 River Forest, IL 60305			Medica				
ACCOUNT NO. 4352-3717-0971-3904							896.09
Target P.O. Box 673 Minneapolis, MN 55440-0673			Credit card				

Sheet no. $\,\underline{2}\,$ of $\underline{3}\,$ continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

4,825.86 Subtotal >

(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.) Case 08-26013 Doc 1 Filed 09/29/08 Entered 09/29/08 16:49:52 Desc Main Document Page 14 of 21

B6F (Official Form 6F) (12/07) - Cont.

In re	Mark McNeal	Elaine McNeal		Case No	
			Debtors	,	(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

			(Continuation Sheet)				
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 4071 1000 1264 2066							1,813.21
Wells Fargo P.O. Box 98791 Las Vegas, NV 89193-8791			Credit card				
ACCOUNT NO. 6048 7000 0398 9411							6,828.49
Wells Fargo P.O. Box 98791 Las Vegas, NV 89193-8791			Credit card				
ACCOUNT NO. RS001407 West Suburban Health Care			Medical				252.59
7411 Lake Street Suite L140 River Forest, IL 60305							

Sheet no. $\underline{3}$ of $\underline{3}$ continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal > \$ 8,894.29

Total > \$ 39,076.52

Schedule F.)

Case 08-26013	Doc 1	Filed 09/29/08	Entered 09/29/08 16:49:52	Desc Main
B6G (Official Form 6G) (12/07)		Document	Page 15 of 21	

In re:	Mark McNeal	Elaine McNeal		Case No.	
	•		Debtors	,	(If known)

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

☑ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST, STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.

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B6H (Official Form 6H)	(12/07)		2000	1 dge 10 01 11	
In re: Mark McNeal	Elaine McN	leal		Case No.	(If known)
			Debtors		(ii kilowii)
		SC	HEDULE H	- CODEBTORS	
☑ Check this bo	x if debtor has i	no codebtors			
				1	
NAM	IE AND ADDRES	SS OF CODE	BTOR	NAME AND ADDRESS C	F CREDITOR

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In re	Mark McNeal Elaine McNeal		Case No.			
		Debtors		(If known)		

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

Debtor's Marital Status: Married	DEPENDENTS OF	DEPENDENTS OF DEBTOR AND SPOUSE						
married	RELATIONSHIP(S): Daughter Granddaughter Grandson		AGE(S	S):				
Employment:	DEBTOR	SPOUSE						
Occupation	Laborer	Nurse						
Name of Employer	Mendean	Schwab Rehab Hospital						
How long employed								
Address of Employer	2200 S. Loomis Chicago, IL	1401 S. California Chicago, IL						
INCOME: (Estimate of ave case filed)	erage or projected monthly income at time	DEBTOR		SPOUSE				
1. Monthly gross wages, sa		\$ 4,166.00	\$	2,560.00				
Prorate if not paid mot. 2. Estimate monthly overtin		\$		0.00				
3. SUBTOTAL		\$\$ 4,166.00	\$	2,560.00				
4. LESS PAYROLL DEDU	JCTIONS		<u> </u>					
a. Payroll taxes and s	social security	\$850.00	 	520.00				
b. Insurance		\$ 0.00		0.00				
c. Union dues		\$ 0.00	,	0.00 0.00				
d. Other (Specify)		\$0.00	» —	<u> </u>				
5. SUBTOTAL OF PAYR	OLL DEDUCTIONS	\$850.00	\$	520.00				
6. TOTAL NET MONTHLY	TAKE HOME PAY	\$3,316.00	\$_	2,040.00				
7. Regular income from op	eration of business or profession or farm							
(Attach detailed state	ment)	\$ <u> </u>		0.00				
8. Income from real proper	ty	\$0.00		0.00				
9. Interest and dividends		\$	\$	0.00				
	or support payments payable to the debtor for the f dependents listed above.	\$0.00	\$	0.00				
11. Social security or other	government assistance	· -		_				
(Specify)		\$\$ 0.00	: —	0.00				
12. Pension or retirement in	ncome	\$0.00	\$	0.00				
13. Other monthly income								
(Specify)				0.00				
14. SUBTOTAL OF LINES	S 7 THROUGH 13	\$0.00	\$_	0.00				
15. AVERAGE MONTHLY	/ INCOME (Add amounts shown on lines 6 and 14)	\$ 3,316.00	\$	2,040.00				
	E MONTHLY INCOME: (Combine column	\$ 5,356	6.00					
totals from line 15)		(Report also on Summary of Sch	edules	and if applicable on				

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document.:

Statistical Summary of Certain Liabilities and Related Data)

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Mark McNeal Elaine McNeal

Debtors

(If known)

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

NONE			

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B6J (Official Form 6J) (12/07)

In re Mark McNeal Elaine McNeal	Case No.	
Debtors	(If known)	

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Check this box if a joint petition is filled and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse." 1. Rent or home mortgage payment (include for mobile home) \$ 1,950,000 A lar real estate taxes included? Yes	Complete this schedule by estimating the any payments made biweekly, quarterly, semi-ar differ from the deductions from income allowed	nnually, or annually to s				
a. Are real estate taxes included? Yes No V V V V V V V V V V V V V V V V V V		nd debtor's spouse ma	aintains a s	eparate household. Compl	ete a separate schedule of	
A Are real estate taxes included? Yes	1. Rent or home mortgage payment (include lo	ot rented for mobile hom	ne)		\$	1.950.00
2. Utilities: a. Electricity and heating fuel \$ 400.00 b. Water and sewer \$ 100.00 c. Telephone \$ 150.00 d. Other Cable \$ 150.00 2. Home maintenance (repairs and upkeep) \$ 150.00 3. Home maintenance (repairs and upkeep) \$ 900.00 5. Clothing \$ 250.00 6. Laundry and dry cleaning \$ 250.00 7. Medical and dental expenses \$ 200.00 8. Transportation (not including car payments) \$ 450.00 9. Recreation, clubs and entertainment, newspapers, magazines, etc. \$ 100.00 10. Charitable contributions \$ 50.00 11. Insurance (not deducted from wages or included in home mortgage payments) \$ 0.00 12. Life \$ 0.00 b. Life \$ 0.00 c. Health \$ 0.00 c. Health \$ 0.00 12. Taxes (not deducted from wages or included in home mortgage payments) \$ 0.00 12. Taxes (not deducted from wages or included in home mortgage payments) \$ 0.00 13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan) \$ 0.00 14. Alimony, maintenance, and support	a. Are real estate taxes included?	Yes	No	✓		1,000.00
D. Water and sewer \$ 100.00	b. Is property insurance included?	Yes	No	✓		
C. Telephone \$ 150.00	2. Utilities: a. Electricity and heating fuel		_	<u> </u>	\$	400.00
Cell phones	b. Water and sewer					100.00
Name	'				\$	150.00
3. Home maintenance (repairs and upkeep) \$ \$ \$ \$ \$ \$ \$ \$ \$	d. Other Cable				\$	125.00
4. Food \$ 900.00 5. Clothing \$ 250.00 6. Laundry and dry cleaning \$ 250.00 7. Medical and dental expenses \$ 200.00 8. Transportation (not including car payments) \$ 450.00 9. Recreation, clubs and entertainment, newspapers, magazines, etc. \$ 100.00 10. Charitable contributions \$ 50.00 11. Insurance (not deducted from wages or included in home mortgage payments) \$ 0.00 1. Life \$ 0.00 b. Life \$ 0.00 c. Health \$ 0.00 d. Auto \$ 0.00 e. Other \$ 0.00 (Specify) \$ 0.00 13. Installment payments: (in chapter 11, 12, and 13 cases, do not list payments to be included in the plan) \$ 0.00 14. Alimony, maintenance, and support paid to others \$ 0.00 15. Payments for support of additional dependents not living at your home \$ 0.00 16. Regular expenses from operation of business, profession, or farm (attach detailed statement) <	Cell phones				\$	150.00
4. Food \$ 900.00 5. Clothing \$ 250.00 6. Laundry and dry cleaning \$ 100.00 7. Medical and dental expenses \$ 200.00 8. Transportation (not including car payments) \$ 450.00 9. Recreation, clubs and entertainment, newspapers, magazines, etc. \$ 100.00 10. Charitable contributions \$ 50.00 11. Insurance (not deducted from wages or included in home mortgage payments) * 0.00 11. Insurance (not deducted from wages or included in home mortgage payments) \$ 0.00 12. Life \$ 0.00 6. Health \$ 0.00 6. Life \$ 0.00 6. Health \$ 0.00 6. Cher \$ 0.00 12. Taxes (not deducted from wages or included in home mortgage payments) \$ 0.00 (Specify) \$ 0.00 13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan) \$ 0.00 14. Alimony, maintenance, and support paid to others \$	3. Home maintenance (repairs and upkeep)				\$	150.00
6. Laundry and dry cleaning \$ 100.00 7. Medical and dental expenses \$ 200.00 8. Transportation (not including car payments) \$ 455.00 9. Recreation, clubs and entertainment, newspapers, magazines, etc. \$ 100.00 10. Charitable contributions \$ 50.00 11. Insurance (not deducted from wages or included in home mortgage payments) \$ 0.00 1. Life \$ 0.00 b. Life \$ 0.00 c. Health \$ 0.00 d. Auto \$ 0.00 d. Auto \$ 0.00 12. Taxes (not deducted from wages or included in home mortgage payments) \$ 0.00 (Specify) \$ 0.00 13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan \$ 0.00 14. Alimony, maintenance, and support paid to others \$ 0.00 15. Payments for support of additional dependents not living at your home \$ 0.00 16. Regular expenses from operation of business, profession, or farm (attach detailed statement) \$ 0.00 17. Other \$ 0.00 18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)	4. Food				\$	
7. Medical and dental expenses 200.00 8. Transportation (not including car payments) \$ 450.00 9. Recreation, clubs and entertainment, newspapers, magazines, etc. \$ 100.00 10. Charitable contributions \$ 50.00 11. Insurance (not deducted from wages or included in home mortgage payments) \$ 0.00 a. Homeowner's or renter's \$ 0.00 b. Life \$ 0.00 c. Health \$ 150.00 d. Auto \$ 150.00 d. Auto \$ 0.00 12. Taxes (not deducted from wages or included in home mortgage payments) \$ 0.00 12. Taxes (not deducted from wages or included in home mortgage payments) \$ 0.00 13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan) \$ 0.00 a. Auto \$ 0.00 b. Other \$ 0.00 14. Alimony, maintenance, and support paid to others \$ 0.00 15. Payments for support of additional dependents not living at your home \$ 0.00 16. Regular expenses from operation of business, profession, or farm (attach detailed statement) \$ 0.00 17. Other \$ 0.00 18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Rep	5. Clothing				\$	250.00
8. Transportation (not including car payments) \$ 450.00 9. Recreation, clubs and entertainment, newspapers, magazines, etc. \$ 100.00 10. Charitable contributions \$ 50.00 11. Insurance (not deducted from wages or included in home mortgage payments) \$ 0.00 1. Life \$ 0.00 6. Life \$ 0.00 6. Auto \$ 150.00 6. Auto \$ 0.00 12. Taxes (not deducted from wages or included in home mortgage payments) \$ 0.00 12. Taxes (not deducted from wages or included in home mortgage payments) \$ 0.00 13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan) \$ 0.00 14. Alimony, maintenance, and support paid to others \$ 0.00 15. Payments for support of additional dependents not living at your home \$ 0.00 16. Regular expenses from operation of business, profession, or farm (attach detailed statement) \$ 0.00 17. Other \$ 0.00 18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.) \$ 5,375.00 19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the flimes of the state of	6. Laundry and dry cleaning				\$	100.00
9. Recreation, clubs and entertainment, newspapers, magazines, etc. \$ 100.00 10. Charitable contributions \$ 50.00 11. Insurance (not deducted from wages or included in home mortgage payments) \$ 0.00 a. Homeowner's or renter's \$ 0.00 b. Life \$ 0.00 c. Health \$ 150.00 d. Auto \$ 150.00 e. Other \$ 0.00 12. Taxes (not deducted from wages or included in home mortgage payments) \$ 0.00 (Specify) \$ 0.00 13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan) \$ 0.00 a. Auto \$ 0.00 b. Other \$ 0.00 14. Alimony, maintenance, and support paid to others \$ 0.00 15. Payments for support of additional dependents not living at your home \$ 0.00 16. Regular expenses from operation of business, profession, or farm (attach detailed statement) \$ 0.00 17. Other \$ 0.00 18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.) \$ 3,356.00 19. Describe any increase or decrease in expenditures reasonably anticipated t	7. Medical and dental expenses				\$	200.00
10. Charitable contributions \$ 50.00 11. Insurance (not deducted from wages or included in home mortgage payments) \$ 0.00 a. Homeowner's or renter's \$ 0.00 b. Life \$ 0.00 c. Health \$ 150.00 d. Auto \$ 150.00 e. Other \$ 0.00 12. Taxes (not deducted from wages or included in home mortgage payments) \$ 0.00 (Specify) \$ 0.00 13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan) \$ 0.00 a. Auto \$ 0.00 b. Other \$ 0.00 14. Alimony, maintenance, and support paid to others \$ 0.00 15. Payments for support of additional dependents not living at your home \$ 0.00 16. Regular expenses from operation of business, profession, or farm (attach detailed statement) \$ 0.00 17. Other \$ 0.00 18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.) \$ 5,375.00 19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this documents of the Statistical Summary of Certain Liabilities and Related Data.) \$ 5,356.00 <t< th=""><th>8. Transportation (not including car payments)</th><th>)</th><th></th><th></th><th>\$</th><th>450.00</th></t<>	8. Transportation (not including car payments))			\$	450.00
11. Insurance (not deducted from wages or included in home mortgage payments) a. Homeowner's or renter's b. Life c. Health d. Auto d. Auto e. Other c. Othe	9. Recreation, clubs and entertainment, newsp	papers, magazines, etc	:.		\$	100.00
a. Homeowner's or renter's b. Life c. Health c. Health d. Auto d. Auto e. Other c. O					\$	50.00
b. Life \$ 0.00 c. Health \$ 150.00 c. Health \$ 150.00 c. Health \$ 150.00 c. Health \$ 150.00 c. Other \$ 150.00 c. Other \$ 150.00 c. Other \$ 0.00	,	cluded in home mortgaç	ge paymer	ts)		
c. Health \$ 150.00 d. Auto \$ 150.00 e. Other \$ 0.00 12. Taxes (not deducted from wages or included in home mortgage payments) \$ 0.00 (Specify) \$ 0.00 13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan) \$ 0.00 15. Other \$ 0.00 14. Alimony, maintenance, and support paid to others \$ 0.00 15. Payments for support of additional dependents not living at your home \$ 0.00 16. Regular expenses from operation of business, profession, or farm (attach detailed statement) \$ 0.00 17. Other \$ 0.00 18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.) \$ 5,375.00 19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filling of this document: . 20. STATEMENT OF MONTHLY NET INCOME \$ 5,375.00 20. STATEMENT OF MONTHLY NET INCOME \$ 5,366.00 20. Average monthly inc						
d. Auto e. Other f. Regular expenses from operation of business, profession, or farm (attach detailed statement) f. Other f. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.) 19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document: 20. STATEMENT OF MONTHLY NET INCOME a. Average monthly income from Line 15 of Schedule I b. Average monthly expenses from Line 18 above f. 5,375.00 f. Statement of the statistical Summary of Schedule I b. Average monthly expenses from Line 18 above f. 5,375.00 f. Statement of the statistical Summary of Schedule I b. Average monthly expenses from Line 18 above f. 5,375.00 f. Statement of the statistical Summary of Schedule I b. Average monthly expenses from Line 18 above f. 5,375.00 f. Statement of the statistical Summary of Schedule I b. Average monthly expenses from Line 18 above f. 5,375.00 f. Statement of the statistical Summary of Schedule I b. Average monthly expenses from Line 18 above f. 5,375.00 f. Statement of the statistical Summary of Schedule I b. Average monthly expenses from Line 18 above f. 5,375.00 f. 5,00 f						
e. Other \$0.00 12. Taxes (not deducted from wages or included in home mortgage payments) (Specify) \$0.00 13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan) a. Auto \$0.00 b. Other \$0.00 14. Alimony, maintenance, and support paid to others \$0.00 15. Payments for support of additional dependents not living at your home \$0.00 16. Regular expenses from operation of business, profession, or farm (attach detailed statement) \$0.00 17. Other \$0.00 18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.) \$5,375.00 19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document: 20. STATEMENT OF MONTHLY NET INCOME a. Average monthly income from Line 15 of Schedule I \$5,356.00 b. Average monthly expenses from Line 18 above \$5,375.00						
12. Taxes (not deducted from wages or included in home mortgage payments) (Specify) \$ 0.00 13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan) a. Auto \$ 0.00 b. Other \$ 0.00 14. Alimony, maintenance, and support paid to others \$ 0.00 15. Payments for support of additional dependents not living at your home \$ 0.00 16. Regular expenses from operation of business, profession, or farm (attach detailed statement) \$ 0.00 17. Other \$ 0.00 18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.) \$ 5,375.00 19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document: 20. STATEMENT OF MONTHLY NET INCOME a. Average monthly income from Line 15 of Schedule I \$ 5,356.00 b. Average monthly expenses from Line 18 above \$ 5,375.00	d. Auto				\$	
(Specify) 13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan) a. Auto b. Other 14. Alimony, maintenance, and support paid to others 15. Payments for support of additional dependents not living at your home 16. Regular expenses from operation of business, profession, or farm (attach detailed statement) 17. Other 18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.) 19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document: 20. STATEMENT OF MONTHLY NET INCOME a. Average monthly income from Line 15 of Schedule I b. Average monthly expenses from Line 18 above \$ 5,375.00	e. Othe <u>r</u>					0.00
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan) a. Auto b. Other \$0.00 14. Alimony, maintenance, and support paid to others \$0.00 15. Payments for support of additional dependents not living at your home \$0.00 16. Regular expenses from operation of business, profession, or farm (attach detailed statement) \$0.00 17. Other \$0.00 18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.) 19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document: 20. STATEMENT OF MONTHLY NET INCOME a. Average monthly income from Line 15 of Schedule I b. Average monthly expenses from Line 18 above \$5,375.00	12. Taxes (not deducted from wages or include	ed in home mortgage p	payments)			
a. Auto b. Other s. O						0.00
b. Other		and 13 cases, do not lis	st payment	s to be included in the plar	,	
14. Alimony, maintenance, and support paid to others 15. Payments for support of additional dependents not living at your home 16. Regular expenses from operation of business, profession, or farm (attach detailed statement) 17. Other 18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.) 19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document: 20. STATEMENT OF MONTHLY NET INCOME a. Average monthly income from Line 15 of Schedule I b. Average monthly expenses from Line 18 above \$ 5,356.00	a. Auto				\$	0.00
15. Payments for support of additional dependents not living at your home 16. Regular expenses from operation of business, profession, or farm (attach detailed statement) 17. Other 18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.) 19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document: 20. STATEMENT OF MONTHLY NET INCOME a. Average monthly income from Line 15 of Schedule I b. Average monthly expenses from Line 18 above \$ 5,375.00	b. Other				\$	0.00
16. Regular expenses from operation of business, profession, or farm (attach detailed statement) 17. Other 18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.) 19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document: 20. STATEMENT OF MONTHLY NET INCOME a. Average monthly income from Line 15 of Schedule I b. Average monthly expenses from Line 18 above \$ 5,356.00 \$ 5,375.00	14. Alimony, maintenance, and support paid to	oothers			\$	0.00
17. Other \$ 0.00 18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.) 19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document: 20. STATEMENT OF MONTHLY NET INCOME a. Average monthly income from Line 15 of Schedule I b. Average monthly expenses from Line 18 above \$ 5,356.00 \$ 5,375.00	15. Payments for support of additional dependent	lents not living at your h	nome		\$	0.00
18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.) 19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document: 20. STATEMENT OF MONTHLY NET INCOME a. Average monthly income from Line 15 of Schedule I b. Average monthly expenses from Line 18 above \$ 5,356.00 \$ 5,375.00	16. Regular expenses from operation of busine	ess, profession, or farn	n (attach d	etailed statement)	\$	0.00
if applicable, on the Statistical Summary of Certain Liabilities and Related Data.) 19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document: 20. STATEMENT OF MONTHLY NET INCOME a. Average monthly income from Line 15 of Schedule I b. Average monthly expenses from Line 18 above \$ 5,375.00	17. Other				\$	0.00
19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document: 20. STATEMENT OF MONTHLY NET INCOME a. Average monthly income from Line 15 of Schedule I b. Average monthly expenses from Line 18 above \$ 5,356.00 \$ 5,375.00					\$	5,375.00
a. Average monthly income from Line 15 of Schedule I b. Average monthly expenses from Line 18 above \$ 5,356.00 \$ 5,375.00					owing the filing of this docur	
b. Average monthly expenses from Line 18 above \$ 5,375.00	20. STATEMENT OF MONTHLY NET INCO	ME				
b. Average monthly expenses from Line 18 above \$ 5,375.00	a. Average monthly income from Line	15 of Schedule I			\$	5,356.00
c. Monthly net income (a. minus b.)	b. Average monthly expenses from Lir	ne 18 above			\$	5,375.00
	c. Monthly net income (a. minus b.)				\$	-19.00

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B6 Summary (Official Form 6 - Summary) (12/07)

United States Bankruptcy Court Northern District of Illinois Eastern Division

In re	Mark McNeal	Elaine McNeal	Case No.	
		Debtors	Chapter	
			Chapter 7	

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	YES	1	\$ 130,000.00		
B - Personal Property	YES	2	\$ 11,100.00		
C - Property Claimed as Exempt	YES	1			
D - Creditors Holding Secured Claims	YES	1		\$ 167,400.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	YES	2		\$ 0.00	
F - Creditors Holding Unsecured Nonpriority Claims	YES	4		\$ 39,076.52	
G - Executory Contracts and Unexpired Leases	YES	1			
H - Codebtors	YES	1			
I - Current Income of Individual Debtor(s)	YES	2			\$ 5,356.00
J - Current Expenditures of Individual Debtor(s)	YES	1			\$ 5,375.00
тот	AL	16	\$ 141,100.00	\$ 206,476.52	

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B6 Declaration (Official Form 6 - Declaration) (12/07)

In re	Mark McNeal	Elaine McNeal		Case No.	
			Debtors	•	(If known)

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

- 1	declare under penalty of perjury that I have read the foregoing s	mmary and schedules, consisting of	18
sheets	, and that they are true and correct to the best of my knowledge	nformation, and belief.	
Date:	9/29/2008	Signature: s/ Mark McNeal	
		Mark McNeal	
			Debtor
Date:	9/29/2008	Signature: s/ Elaine McNeal	
		Elaine McNeal	
		(J	oint Debtor, if any)
		[If joint case, both spouses must si	gn]

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

(NOT APPLICABLE)